

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit. Signature of the Person Name of Person Kristel Lang 10/18/2005 Date of Making the Deposit: Making the Deposit: Deposit: Confirmation No.: 4794 inventor(s): FLETCHER et al. **Group Art Unit:** 2143 **Application No.:** 09/518,221 **Examiner:** England, D.E. 03/02/2000 Filed: DISTRIBUTED REMOTE MANAGEMENT (dRMON) FOR NETWORKS Title: Mail Stop Amendment Commissioner of Patents P. O. Box 1450 **Alexandria, VA 22313-1450** TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT Sir: Transmitted herewith is an amendment for this application 1. X Transmitted herewith is a response to an office action for the above identified patent application. 9 sheets) Transmitted herewith are _____ sheets of substitute formal drawings. Other: Applicant is other than a small entity 2. **Extension of Term** The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 3. apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (a) (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) **Extension** <u>Fee</u>] one month \$120.00 \$450.00 1 two months \$1,020.00 three months \$1,590.00] four months Fee \$ If an additional extension of time is required, please consider this a petition therefor. Applicant believes that no extension of term is required. However, this conditional

petition is being made to provide for the possibility that applicant has inadvertently overlooked

the need for a petition for extension of time.

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(b)

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a sm	all entity)				
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	5	- 20 =	0	x \$50.00	\$0.00
Independent Claims	1	- 3 =	. 0	x \$200.00	\$0.00
Multiple Dependent Claim Fee (one or more, first added by this \$360.00 amendment)					\$0.00
Total Fees					\$0.00

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [] A check in the amount of \$
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No:41066

Respectfully submitted,

Date: 10 18 05

y:____/ John P. Wagner Jr. Reg. No. 35,398



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Applica	ntion of:)		
Fletcher, et al.		Examiner: England,	Examiner: England, D. E.	
Serial No.: 0	9/518,221) Art Unit: 2143		
Filing Date:	March 2, 2000))		
For:	DISTRIBUTED REMOTE) MANAGEMENT (dRMON) FOR)) .))		
	NETWORKS)		

AMENDMENT AND RESPONSE

Hon. Commissioner for Patents Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed August 25, 2005, Applicants respectfully request reconsideration of the above-identified patent application. Please amend the above-identified application as follows and consider the following remarks for allowance of the above-identified patent application.